

**APPLICATION FOR LEAVE OF ABSENCE AND CERTIFICATION OF ABSENCE**

Name \_\_\_\_\_ Work Location \_\_\_\_\_

"Leave of Absence" is an authorization by the District/County for an employee to be absent from active duty for an approved purpose and a specific length of time. Prior to absence, when prior approval is required, or immediately upon return to work from an absence not requiring prior approval, complete this report and return it to the Business Office. No leave will be approved or payment made unless proper documentation is submitted. Further descriptions, limitations and leave utilization procedures appear in the District/County Policy documents.

Substitute Required? ☐ No ☐ Yes If yes, list confirmed sub name \_\_\_\_\_

| <u>Type of Leave Requested</u>                                                  | <u>Explanation/Requirements</u>     | <u>Dates</u> | <u>Total Days/Hours</u> |
|---------------------------------------------------------------------------------|-------------------------------------|--------------|-------------------------|
| <b>SICK LEAVE</b>                                                               |                                     |              |                         |
| 1. Personal Illness / Disability / Accident (doctor, dentist, vision etc.)      | _____                               | _____        | _____                   |
| 2. Personal Necessity<br>(BP/AR 4161, 4261, 4361)                               | _____                               | _____        | _____                   |
| a. Serious Illness of immediate family<br>(doctor, dentist, vision, etc.)       | _____                               | _____        | _____                   |
| b. Death/Bereavement for immediate<br>family only, beyond<br>"Bereavement" time | Prior Notice Required               | _____        | _____                   |
| c. Accident of immediate family or<br>personal property                         | Signed Statement may be<br>required | _____        | _____                   |
| d. Required Court Appearance                                                    | Official Notice Required            | _____        | _____                   |
| e. Fire/Flood/Immediate danger to<br>employee's home                            | _____                               | _____        | _____                   |
| f. Personal Business of serious<br>nature, cannot disregard                     | _____                               | _____        | _____                   |
| <b>Personal-Day (Certif. &amp; Class. Negotiation)</b>                          | Prior Approval Required             | _____        | _____                   |
| <b>Vacation</b>                                                                 | Prior Approval Required             | _____        | _____                   |
| <b>Trade /Accrued Compensation Time</b>                                         | Prior Approval Required             | _____        | _____                   |
| <b>School Business</b>                                                          | Prior Approval Required             | _____        | _____                   |
| <b>Bereavement (Immediate Family Only – 5 days)</b>                             | Prior Notice Required               | _____        | _____                   |
| <b>Legal/Civic Duties (jury duty)</b>                                           | Official Notice Required            | _____        | _____                   |
| <b>Worker's Compensation (Industrial)</b>                                       | Accident Report Required            | _____        | _____                   |
| <b>Differential Leave</b>                                                       | Reason: _____                       | _____        | _____                   |
| <b>Religious Leave</b>                                                          | Prior Notice Required               | _____        | _____                   |
| <b>Emergency Volunteer Response</b>                                             | _____                               | _____        | _____                   |
| <b>Unpaid Personal Leave</b>                                                    | _____                               | _____        | _____                   |
| 1. Military Duty/Political Leave                                                | Prior Approval Required             | _____        | _____                   |
| 2. Family Care & Medical Leave                                                  | Prior Approval Required             | _____        | _____                   |
| 3. Maternity/Adoptive/Childcare Leave                                           | Prior Approval Required             | _____        | _____                   |
| 4. Sabbatical                                                                   | Prior Approval Required             | _____        | _____                   |
| 5. Personal                                                                     | Prior Approval Required             | _____        | _____                   |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ ☐ Approved ☐ Denied